

**TAX INCENTIVE PROGRAM
APPLICATION FOR REAL PROPERTY TAX
EXEMPTION AND REMISSION**

COUNTY NAME

OFFICE USE ONLY

County Application Number

DTE Application Number

Date Received by
County Auditor

Date Received by
DTE

Submit three copies of this application to the County auditor's office in the county where the property is located. The deadline for filing is December 31 of the year for which exemption is sought. If you need more room, attach additional sheets to explain the details. **PLEASE TYPE OR PRINT CLEARLY.**

Applicant Name: _____

Name

Notices concerning
this application
should be sent to: _____

Name (If different than Applicant) _____

Address _____

City

State

Zip

Phone Number _____

Application is hereby made to have the following property placed on the tax exempt list for tax year _____
and to have the taxes and penalties remitted for these preceding tax years: _____

1. Parcel Number(s): a) _____
(If more than 4, continue b) _____
on an attached sheet.) c) _____
All parcels must be d) _____
in the same School
District.

2. School district where located: _____

3. Street address or location of property: _____

4. Title to this property is in the name of: _____

5. Date title was acquired: _____

6. If title holder is different from applicant please explain: _____

(continued on reverse side)

7. Under what section of the Revised Code is exemption sought?

☐ 725.02 ☐ 1728.10 ☐ 5709.40 ☐ 5709.41 ☐ 5709.62 ☐ 5709.63 ☐ 5709.71
☐ 5709.73 ☐ 5709.78 ☐ 5709.87 ☐ Other Incentive Program, Specify Code

8. Explain terms and details of incentive (Real property included, percentage exempted, number of years, etc.)

9. a. Attach a copy of the resolution or ordinance of the subdivision granting the incentive and/or the applicant's incentive agreement with the subdivision.

b. Attach a copy of school district approval (if required).

I declare under penalty of perjury that I have examined this application and, to the best of my knowledge and belief, it is true, correct, and complete.

Applicant or Representative _____ Signature

Date _____ Print Name & Title _____

COUNTY AUDITOR'S FINDING

	LAND	BUILDING	TOTAL
Taxable Value in Year of Application _____ (Year)	\$ _____	\$ _____	\$ _____
Taxable Value in Prior Year _____ (Year)	\$ _____	\$ _____	\$ _____

COMMENTS:

County Auditor (Signature)

Date

Forward two (2) copies of the completed application to the Ohio Department of Taxation, Tax Equalization Division, P.O. Box 530, Columbus, OH 43266-0030.

TREASURER'S CERTIFICATE

I hereby certify that ALL TAXES, SPECIAL ASSESSMENTS, PENALTIES AND INTEREST levied and assessed against the above described property have been paid in full to and including the tax year _____.

County Treasurer (Signature) _____
Date